

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
10-009565
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

TOTAL IND. 2
 TOTAL DEP. 35
 TOTAL CLAIMS 37

TOTAL IND. 100
 TOTAL DEP. 100
 TOTAL CLAIMS 100

1 FO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS